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|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| CASE NAME: | |
| PATERNITY INQUIRY—JUVENILE | CASE NUMBER: |

TO: Local child support agency
(Address):

(FAX):

1. A petition regarding the children named below has been filed in juvenile court. The issue of paternity has been raised and is not resolved. Please inquire as to whether or not paternity has been previously declared by a superior court order or judgment.

| | | | | |
|----|---------------------|------------|----------------------|------------|
| 2. | <u>Child's name</u> | <u>Age</u> | <u>Date of birth</u> | <u>Sex</u> |
|----|---------------------|------------|----------------------|------------|

Date: _____

JUDICIAL OFFICER

TO BE RETURNED WITHIN 25 JUDICIAL DAYS FROM DATE OF INQUIRY

3. The following information is available:

| <u>Child's name</u> | <u>Name of father</u> | <u>Date of order</u> | <u>Case No.</u> | No order determining <u>paternity</u> |
|---------------------|-----------------------|----------------------|-----------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

☐ Certified copies of court orders attached.

4. ☐ Paternity was established by voluntary declaration on (date):

Date: _____

Local child support agency staff _____
(title)